2010-2011 HIGHLIGHTS

• 38 interviews conducted
• One peer reviewed journal article accepted (in Refuge journal) and four other academic articles written and submitted for publications
• Designed and pilot tested a multi-determinant survey on educational experiences for refugee youth
• Presented at 16 conferences, workshops and speaking engagements
• Delivered more than 140 hours of research training to peer researchers
• Supervised/mentored four graduate students
• Produced four research bulletins, one literature review, three policy scan reports, five resource guides, and one fact sheet
“Now I know what is happening in the community, how things work and I have so much information to share with people.”
—Sherine Dahy

**ABOUT THE ACCESS ALLIANCE RESEARCH APPROACH**

Community-Based Research (CBR) is research conducted by, for and with communities on issues that are relevant to the community and with the goal of bringing positive social change within the community. It is an approach that enables community members to participate not as “research subjects” but as research collaborators and agents of change. In CBR, research is a means to empower communities and mobilize evidence-based action and advocacy.

The key mission of Access Alliance’s CBR department is to use this participatory approach to generate knowledge and advocacy for overcoming health disparities faced by newcomer and racialized groups in Canada. We conduct our work from an anti-oppressive, anti-racist perspective.

We aim to be a leader in innovation and to establish Access Alliance as the centre for excellence in community-based research on newcomer urban health. We are committed to increasing knowledge and enabling action for addressing social determinants of health that affect newcomer and racialized groups. We also work to increase the capacity of community organizations, academics and other stakeholders to work collaboratively with community members on community-based research projects.

**ENHANCING SKILLS**

What a difference a few years makes. In just the last three years, Sherine Dahy has earned her PhD in literature, given birth to a second child, become a peer researcher with Access Alliance’s Community-Based Research team and helped publish four bulletins and an 80+ page report on Income Security, Race and Health (ISRH) in Toronto’s Black Creek neighbourhood.

A native of Egypt, Sherine came to Toronto to finish her studies and got involved with the ISRH project by chance after attending a focus group. “The facilitator spoke the same Arabic language I do and she was leaving so she invited me to apply for the vacancy,” she says.

Although she had considerable research experience through her studies, she discovered new aspects as a peer researcher. “My background is theoretical and this is a totally different thing,” she observes. “As peer researchers we support the staff and conduct online research, read papers, transcribe interviews and assist with project implementation and logistics. It is a more practical thing—the outreach, recruiting and analysis—especially working on the qualitative part of the research. This has been a great advantage for me. The theoretical part can be a bit boring,” she laughs.

Meeting people gave Sherine a new perspective. “Now I know what is happening in the community, how things work and I have so much information to share with people.”

Although she plans to continue in her field of study, Sherine is grateful for her peer research work. “It has been a very fruitful experience. It’s hard to put into words, but I got to learn how to do things the right way. If I am planning to do something I know where to go, what to look for, where the resources are and who to ask. The CBR team was very supportive and helpful. I am going to miss them.”
Community-based research (CBR) is an integral strategy at Access Alliance for understanding and addressing social determinants of health for newcomer groups. With a small CBR team and a pool of engaged community members, our output parallels or exceeds that of major research institutions in Canada.

This year, our research projects generated important evidence about pressing health concerns faced by newcomer groups and how these are linked to key social determinants like employment and income insecurity, educational barriers, linguistic barriers and discrimination. Some key findings from our projects are listed below:

**Income Security, Race and Health Study**
This study found that racialized groups living in marginalized neighborhoods face numerous systemic barriers and discrimination in the labour market. As a result, they are being pushed into long-term precarious employment. The study uncovered how precarious employment and income insecurity result in numerous damaging health outcomes including workplace injuries and physiological, cardiovascular, and digestive and mental health issues. Long-term experiences of precarious employment lead to overall deterioration of health for individuals and families, including affecting well-being of children. These findings are summarized in our *Working Rough, Living Poor* report and four research bulletins from this project.

**Refugee Youth Health Project**
This project found that refugee youth develop very high educational aspirations after coming to Canada (partly as a way to overcome pre-migration educational gaps) but that they encounter numerous systemic barriers to pursuing their educational goals in Canada. At the same time, our interviews with policy makers in the education sector showed that they have little knowledge about educational barriers faced by refugee youth and are not doing much to eliminate them. This project has also documented how, in the absence of supportive resettlement services, newcomer refugee youth are having to serve as ‘resettlement champions’ for their family and community by providing vital supports such as service navigation, interpretation, emotional support, and in some cases serving as breadwinners for their family.

**Access Alliance Newcomer Children Chart Review**
Our retrospective chart-review-based study on newcomer children (six years and under) found that a high proportion of these children had height and weight measurements falling below the third percentile. As well, we found a high prevalence of iron deficiency, anemia, parasitic infections, hepatitis B, and elevated blood lead levels. These findings highlight the need to pay closer attention to addressing these pediatric health concerns among newcomer children.

**Migration and Diabetes Study**
This study (n=184) has found salient differences in diabetes self-management and health service access between immigrants and Canadian-born residents. Compared to Canadian-born participants, immigrant participants in our study (from Chinese-, Hindi/Urdu-, Tamil- and Bengali-speaking groups in Toronto) were significantly less likely to perform regular glucose checks and foot checks but more likely to participate in regular physical activities and be non-smokers. Further, compared to Canadian-born participants, immigrant participants were significantly less likely to use a specialist or dietitian. We plan to use these findings to advocate for improved diabetes self-management and healthcare for newcomers.

**CaPRA Pilot**
Timely access to mental health services for refugee clients remains a major challenge for the healthcare sector. This year we conducted a pilot study of an e-health tool called Computer-assisted Psychosocial Risk Assessment (CaPRA). CaPRA is an anonymous, user-friendly touch-screen mental health assessment tool that clients can do while waiting for their appointments. CaPRA produces a risk report for their medical provider and a recommendation sheet for the client. Our study of 50 Afghan refugee clients showed that those who used CaPRA were significantly more likely to want to see a psychosocial counsellor than the control group. Study findings also indicate that most participants felt comfortable using computer-based tools (iPad touch screen) even though they may not have previously used computers. While the study needs to be conducted on a larger scale, the findings show the promising potential of this innovative e-health tool to improve better integration of medical and mental health services for vulnerable refugee clients.

**Access Alliance Cancer Screening Chart Review**
Our retrospective chart-review-based study on cervical cancer screening also found very positive results. The review of charts from 2004-2008 found that 92% of our female clients (ages 18-69) were appropriately screened, and 80% had a Pap test (valid documented reasons were included for all screened clients who did not have a Pap test). The overall screening rates for cervical cancer in Toronto is about 55%, with newcomers, racialized groups and people with low education and low English/French language fluency more likely to be excluded. The high rate at Access Alliance indicates that our ‘access’ model of care is proving to be effective.

Visit [www.AccessAlliance.ca](http://www.AccessAlliance.ca) to download our publications and for more details about our research activities.
Our community-based research team is deeply grateful for the support we receive from our generous funders and partners, dedicated students and enthusiastic peer researchers. Without you, this important work would not be possible.